



PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING

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COMBINED DECLARATION AND POWER OF ATTORNEY FOR PATENT AND DESIGN APPLICATIONS

As a below named inventor, I hereby declare that: my residence, post office address and citizenship are as stated next to my name; that I verily believe that I am the original, first and sole inventor (if only one inventor is named below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	inventors are named be	iow) of the subject	matter which is claimed a	ind for which a pa	itent is sought on the inv	ention entitled:				
Insert Title:	PREPARATION OF QUETIAPINE									
Fill in Appropriate	the specification of which is attached hereto. If not attached hereto, the application is identified by the attorney docket number as set forth above and/or the following:									
Information -	The specification was filed on 03/16/2006						as			
For Use Without	United States App	-			;					
Specification Attached:	and amended on the specification v		2004	(if applicable) and/or as PCT						
Attaclieu.	International App	lication Number	PCT/F12004/000560		; and was					
	amended on				(if applicable)					
	by any amen'dment refu I acknowledge the \$1.56. I do not know and or patented or describe application, that the sar invention has not beer foreign to the United Smonths for designs) procuntry foreign to the L I hereby claim for inventor's certificate lis	erred to above. I do not believe the din any printed in any printed in the din are the di	and understand the content of the content of the content e same was ever known of the count ic use or on sale in the Urrele the subject of an inversion an application filed boton, and that no application and that the content of this application to this application to this application and content of the co	r used in the Unit ry before my or ited States of Am ntor's certificate i y me or my legal on for patent or ir tion by me or my States Code, §115	y as defined in Title 37, C sed States of America be our invention thereof or erica more than one yea ssued before the date of representative or assign wentor's certificate on the legal representatives or a l(a)-{d) of any foreign ag	Code of Federal Reg fore my or our inver more than one ye, r prior to this applic of this application it this more than twel- his invention has be assigns, except as for polication(s) for pate	ulations, ar prior to this cation, that the in any country we months (six en filed in any llows. ent or			
Insert Priority	before that of the applic Prior Foreign Applicati		iority is claimed:			Priority C	laimed			
Information: (if appropriate)	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No No			
	(Number)	(Country)		(Month/Day	/Year Filed)	Yes	No			
	(Number)	(Country)		(Month/Day	y/Year Filed)	Yes	No			
	(Number)	(Country)			y/Year Filed)	Yes	No			
	I hereby claim the benefit under Title 35, United States Code, §119(e) of any United States provisional applications(s) listed below.									
Insert Provisional	60/504,981			September 23, 2003						
Application(s): (if any)	(Application Number)			(Filing D	ate)					
	(Application Number)			(Filing Date)						
	All Foreign Applications, if any, for any Patent or Inventor's Certificate Filed More than 12 Months (6 Months for Designs) Prior to the Filing Date of This Application:									
Insert Requested Information: (if appropriate)	Country		Application Number		Date of Filing (Month,	/Day/Year)				
Insert Duize V.C	I hereby claim the benefit under Title 35, United States Code, §1 20 of any United States and/or PCT application(s), including for continuation-in-part application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States and/or PCT application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose information which is material to the patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.									
Insert Prior U.S. Application(s): (if any)	(Application Number)		(Filing Date)	-	(Status - patented, pen	ding, abandoned)				
Page 1 of 4 (Rev. 11/2005)	(Application Number)		(Filing Date)		(Status - patented, pen	iding, abandoned)	_			

I hereby appoint the practitioners at CUSTOMER NO. 02292 as my attorneys or agents to prosecute this application and/or an international application based on this application and to transact all business in the United States Patent and Trademark Office connected therewith and in connection with the resulting patent based on instructions received from the entity who first sent the application papers to the practitioners, unless the inventor(s) or assignee provides said practitioners with a written notice to the contrary:

Send Correspondence to:

CUSTOMER NO. 02292 (BIRCH, STEWART, KOLASCH & BIRCH, LLP)

Telephone: (703) 205-8000

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PLEASE NOTE: YOU MUST COMPLETE THE FOLLOWING:

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

Full Name of First or Sole Inventor: Insert Name of	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
or Sole Inventor: Insert Name of Inventor → Insert Date This Document is Signed	Petteri RUMMAKKO	Hotter Kuma	ulk	11.04.2006					
Insert Residence Insert Citizenship →	Residence (City, State & Country) Espoo, Finland	CITIZENSHIP Finland							
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	MAILING ADDRESS (Complete Street Address including City, State & Country)								
Full Name of Fifth Inventor, if any: see above	GIVEN NAME/FAMILY NAME	INVENTOR'S SIGNATURE		DATE*					
	Residence (City, State & Country)		CITIZENSHI	 					
	MAILING ADDRESS (Complete Street Address	s including City, State & Country)	<u> </u>						
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*DATE OF SIGNATURE